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ABSTRACT

A social system and ecological, as well as individual, perspective is applied to the development of a psychosocial community-oriented data system for children's mental health services. A rationale for the evaluation procedure and the necessary criteria met by the data system are presented. The problem appraisal focuses on the assessment of multiple determinants of the child's behavior incorporating individual, family, organizational and ecological factors. The data system provides retrievable information on selected intake, intervention and outcome parameters. Applications of the data system to the intake assessment process, for administrative monitoring and review purposes, and as a training and research instrument are discussed. (Author)

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A Psychosocial Data System for Children's Community Mental Health Services[1]

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The dominant ideology within psychiatric, mental Health and social service institutions is an exceptionalistic one which focuses on individual psychopathology and maladjustment. This ideology is associated with the use of treatment modalities largely aimed at correcting individual personality disorder or at minimizing or eliminating individual distress. Despite a substantial commitment to the community mental health center movement, only a minority of mental health professionals take seriously a more universalistic position which views mental health problems as derivative of, maintained by, or responsive to imperfect social and economic conditions and/or larger ecological or social system influences.

A tangible manifestation of this prevailing ideology can be seen in the data systems developed for the monitoring and recording of the delivery of mental health services. This is particularly true in community mental health services to children. Proposed data systems for children's services are mainly administratively-oriented, or they reflect the dominant exceptionalistic ideology by focusing primarily on individual child pathology and related individually-oriented treatment strategies.

Community mental health centers serving heterogeneous catchmented populations require, we believe, data systems for children's services which go beyond the individual child to include family, organizational and ecological

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factors in the intake and evaluation process. In addition, they must provide the means for recording and evaluating the impact of related multi-level interventions. The Children's Assessment Package (CAP), as described in this presentation, was developed in order to meet the need for a more comprehensive, psychosocial data system for children's community mental health services and for the monitoring and review of such activities.

In this paper, we will first discuss the rationale underlying the development of the Children's Assessment Package. Next, we will describe CAP in its most recent version and illustrate how it can be used in a psychosocial intake assessment process. Of central importance is its relevance to both direct and indirect service development. Finally, we will discuss some of the implications of employing the CAP system in relation to service, training and research.

Rationale Underlying a Psychosocial Assessment Procedure

Any proposed data system, from the point of view of the delivery of community mental health services for children, should meet the following criteria:

1. The data system should require a problem appraisal which reflects the influence of multiple individual, family, school and larger social system determinants of the child's behavior;
2. In social system terms, the data system should provide information on relevant input, throughput and output parameters;
3. The data system and its stored information should be retrievable for administrative, clinical, program planning and research purposes, and it should be translatable into a display format composed of parameters or scales relevant to the assessment of the quality of care;

4. It should legitimize and record multi-level direct and indirect service interventions as part of the service delivery systems' available treatment modalities;
5. It should be applicable to different service settings in order to facilitate area-wide linkage;
6. It should call upon multiple sources of information with respect to different domains of the child's life, and incorporate a mechanism by which the reliability of such setting-specific data can be evaluated; and
7. The data system should provide both intake assessment and outcome data (intermediate and/or long-term) enabling one to identify changes in the child, family or the child's larger eco-system attributable to planned multi-level direct or indirect service interventions.

Description of the Children's Assessment Package

The Children's Assessment Package, therefore, was developed as a comprehensive data system for initial assessment, clinical decision making, and administrative monitoring purposes. It is also conceived of as a vehicle for evaluating the outcome of various multi-level interventions for children, as an information base for carrying out reviews of the quality of care as well as selected epidemiological and evaluative studies. CAP builds on the Children's Admission and Termination Forms developed by the Multi-State Information System (MSIS), but goes further in that family, school, community and other social system variables impinging on the child are incorporated into the data system.

The assessment of the individual child incorporates four sets of data. The MSIS Children's Admissions Form, completed by intake staff, is utilized for recording the history of previous contacts and the child's presenting

problems. This form is supplemented by a developmental history completed by the child's parents. Emphasis is placed on developmental landmarks, on the emotional climate for mother, father and child during the pre- and post-natal period, and on father's involvement with both mother and child during the neonatal period. Information concerning the child's history of separations from the family and of serious physical trauma are also recorded. Standardized information on the child's behavior and academic performance in the school setting is obtained from the teacher or an appropriate school representative. Additional developmental and medical information is obtained from the pediatrician or specified medical clinic. These latter two sources of data (from the school and physician) broaden the evaluation of physical, behavioral or psychological difficulties present. Thus, the evaluation of the individual child includes four independent perspectives: clinician, parents, teacher and family physician.

Next, major attention is given to assessing family functioning and to identifying recent life events that may have stressed the family system and precipitated family dysfunction. This includes an evaluation of the primary interactional patterns within the family to determine the nature and basic character of family dynamics as well as of the marital, parent-child, and child-child relationships. The data is obtained from an assessment by intake or clinical staff of the family unit. These data, reduced statistically to an appropriate output format, will allow staff to characterize in quantifiable clusters or patterns basic dynamics operative within the family.

For example, preliminary analysis of the Family Assessment Form reveals item clusters indicative of conflict or distortion in particular dyadic relationships within the family: marital, father-child, and/or mother-child. Examination of these factors is useful in understanding

more complex interactions involving mother, father and child, and in identifying the problem focus to be followed in treatment. In addition, factors emerge which indicate the level of physical and social isolation of the family as well as the degree of conflict with the immediate neighborhood culture.

In addition to the evaluation of family interactional patterns, information is obtained from the family regarding the possible occurrence of significant life crises during the year prior to agency contact. These events are presented in relation to the family, the mother and father, and the child. Together with the interactional data, the information concerning recent life events provides a reasonable understanding of current family functioning and the type and degree of stress affecting the family unit.

Finally, the analysis of social and ecological influences includes a broad assessment of socio-psychological factors which may influence the functioning of the family. Four sets of data are obtained: (1) Family background and demographic information. This includes usual demographic characteristics but also information about the family's religion, language, nature of child care and the employment and educational status of the mother and father and their level of satisfaction and goals in relation to these two areas; (2) Social stress (e.g., family movement history and type and quality of housing); (3) Social support network of the family (i.e., the availability of various sources of support to the family and the extent to which these are utilized); and (4) Assessment of the family-school relationship (i.e., the family's view of the school program and of their child in relation to the school setting). This latter focus allows some determination of the parents' attitudes toward school and whether there are areas of conflict and tension between family and school. A comparison of school-related data provided by clinician, teacher and the child's parents forms a broad basis for understanding the multiple

dimensions of the child's school experience and the nature of the relationship between school and family.

In order to complete the data system, it is necessary to record direct and indirect service interventions over time. Currently, these interventions and contacts with children, their families and relevant human service agencies are recorded continuously using modified versions of the MSIS Indirect and Direct Contact Forms. These forms provide basic information on the service deliverers involved, the direct or indirect service interventions, service recipient, date, type, time, and manner of contact, type of service delivered, and service recipients present. Periodic reports relating client characteristics such as age, race, sex, and diagnosis, as well as types of service received and length of stay are made available to appropriate administrators and staff.

Implications of the Data System

The implementation of a psychosocial data system such as the one described in this paper has certain implications:

For service, it requires a substantial modification in our traditional models of assessment and treatment which focus primarily on the individual. It forces an examination of the child in his social context and, as a result, provides the basis for determining needed interventions in relation to family, school and community. In addition, the assessment of family, organizational and ecological factors leads one naturally to the consideration of extraclinical or indirect service interventions as well as various treatment strategies. Moreover, the data collected through the clinical service provides valuable information for the planning of consultation and preventive service programs.

For training, the assessment procedure makes evident an orientation to a sociopsychological perspective--i.e., one that examines the interpenetration of individual and social system. It underscores the importance of individual personality but stresses the significance and power of social milieux to shape personality and behavior. Exposure to a comprehensive, psychosocial assessment process leads to the incorporation of system and ecological factors in clinical decision-making and to increased reliance on multiple direct and indirect service interventions.

For research, it presents an opportunity to investigate systematically the interrelated origins of psychological disturbance including individual, family and organizational variables. We must achieve a better understanding of those system influences which promote or disrupt the developmental process. In addition to this type of research question, the assessment instruments are applicable to the study of treatment outcome and to the comparison of various combinations of interventions. In this way, there is potential utility for application to the clinical decision-making process as well as to the review of quality of care.